

Form CPF 18A: Report of Independent Expenditure AIGN & POLITICAL FINANCE Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance

Commonwealth	1
of Manachuset	1

of Massachusetts								
Office of Campaign and One Ashburton Place Boston, MA 02108 (617) 727-8352.	Political Finance							
	SCHTEMBER 8, 3000							
1. Date of Repo	ort:		(Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)					
2. Expenditure(s) Made By	M	ASS. NURS	IS. NURSES ASSOCIATION				
Z. Exponential of	b) 142 020 2 ; .	(Name of individual or group making expenditure)						
		2	40 TURN	DILLE	CT (AMTTON	1 07021		
		340 TURNPILLE ST. (ANTON 0702) Street Address City/Town Zip						
		51 33			•	•		
3. Name of Candidate(s) For Whom the Above Expenditure(s) Election or Defeat Promoted:								
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4. Expenditure(s):								
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Date Paid To Whom Paid		Address		Purpose	Amount			
9/8/06	SALTUS N	Press	24 Johns no	TER	MAILING	4173.16		
10/02	1		- Do- Picos					
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I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:								
contemplation (2) the individual or at the red	on of such exp al(s) or group uest or sugges	enditure(s); and who made the e tion of any can	l expenditure(s) descri	bed hereir	n did not solicit or receive and did not cooperate, consult or organized on behalf of any cure(s).	or act in concert with		
I further certify that all statements made herein are true and accurate.								
Signed under the penalties of perjury:								
C X X	Pl 9/8/06 CHAPLES STEFANINI DIDECTOR LECISIATION							
Signature	7	Date Print Name of Individual Signer and Title (if signing on behalf of a group)						